

Guest Editorial

The new UK focus on well-being: what will it mean for tackling social inequalities in health?

It is difficult to imagine who would not be in favour of improving well-being. Yet a major problem with well-being is knowing what different commentators understand by the term. First introduced by the World Health Organization in 1948,¹ there is still little consensus over how well-being should be defined.^{2,3} The UK Treasury proposes a generic concept, encompassing subjective measures of happiness or satisfaction, and objective well-being indicated by some measure of quality of life.⁴ More recently, the National Statistician convened a Well-being Forum, supported by a national debate, to inform the development of new measures of well-being that will encompass quality of life, environmental sustainability and economic performance. Public responses to the consultation were used to propose key domains for further consultation; individual well-being influenced by relationships, health, where we live, what we do, personal finance, education and skills, and the contextual domains of governance, the natural environment and the economy.^{5,6}

The well-being of children and young people was identified by respondents to the public consultation as an area of particular concern, and the Office for National Statistics has formed a workstream to look at measurement of well-being in this age group.⁶ According to Save the Children, improving child well-being is not only a moral duty; it is a legal and political obligation.⁷ Members of the Coalition government first asserted their commitment to the future of Britain's children when in opposition, in response to a UNICEF study that found the well-being of children in the UK to be worse than in 20 other high-income countries.^{8,9} The Prime Minister went on to propose the development of a measure for happiness, to provide a more nuanced measure of 'progress' than gross domestic product.¹⁰ To date, empirical measurement of child well-being has employed definitions that encompass or overlap established social determinants of health such as material circumstances and education. UNICEF replaced child poverty in their comparative

analyses of economically advanced nations with an index of child well-being made up of six dimensions: material circumstances, education, safety in the community, family and peer relationships, risk behaviours and subjective well-being.⁹ In a study across 23 rich countries, this index was shown to be negatively correlated with income inequality and the proportion of children in relative poverty.¹¹ More recently, UNICEF have compared material, educational and health well-being of children across countries.¹² So, if working definitions of well-being incorporate some of the most influential social determinants of health, do we need to make well-being a priority? Or would it be more efficient to build on everything that has been learned about tackling health inequalities over decades? England is the first country in Europe to implement a comprehensive strategy dedicated to reducing inequalities in health,¹³ and action against the social determinants of health underpins that strategy. Although progress on reducing inequalities has been described as disappointing,¹⁴ the importance and relevance of the social determinants of health have been widely accepted by politicians in a way that was unknown only a few decades ago. If resources are directed towards enhancing well-being, will there be an opportunity cost for initiatives aimed at reducing inequalities in the social determinants of health?

The disadvantages of prioritizing well-being may lie not in the idea itself, but in how it is used. A focus on well-being that becomes a smokescreen for a reduction in emphasis on social inequalities in health would turn back the clock on many years of progress. Acknowledging the existence of unfair and avoidable inequalities has been found to be a crucial step towards tackling them.¹⁵ If we stop talking about inequalities in health, we may find that variations in well-being are not perceived to be such an urgent problem, requiring investment. From a government's point of view, adoption of a concept that is ill-defined as a policy goal may be attractive, especially if the concept is easily understood by the general public. Action to enhance well-

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being is unlikely to offend any constituency, as it is generally framed as a positive concept. Parallels could be drawn with 'variations in health', which was the official Department of Health term for social inequalities in health, before 1997. Like variations, well-being may be seen as strongly influenced by individual factors such as resilience and health behaviours—supporting an emphasis on individual responsibility to enhance well-being rather than collective action. From this perspective, the state would have a small role to play in enhancing well-being—promoting individual responsibility to consume sensibly, for example, rather than enforcing minimum pricing on alcohol or requiring the food industry to change practices. Framed in this way, it is easy to see how well-being could be both ideologically and financially attractive to government.

If well-being becomes entrenched in policy, monitoring progress towards this goal will be essential. Governments committed to improving well-being should be expected to introduce policies that would share this aim. To date, some of the actions of the UK Coalition government seem likely to have the opposite effect. Freezing investment in Sure Start and cuts to working tax credit, for example, are likely to have a greater impact on the poorest children, further reducing their material well-being. Assessing the intended and unintended consequences of policies on well-being across the population requires support for ongoing data collection. In the UK, robust sources of data on children and young people are available in the Health Survey for England and the panel survey, Understanding Society, for example. From 2006 to 2009, a representative sample of English school children completed an annual survey ('Tellus') about their lifestyle and quality of life, including diet, use of alcohol, tobacco and drugs, relationships with friends and family, happiness and safety in their local environment.¹⁶ Individual level data were provided to local authorities allowing them to plan and evaluate services. With the withdrawal of funding for the Tellus survey, a potentially relevant data source was lost before the Office for National Statistics had completed their consultation on the measurement of well-being.

A focus on the concept of well-being has many potential drawbacks and seems to us to offer few advantages over a continued drive to tackle social inequalities in health. Public health practitioners are used to seizing opportunities for improving health, even with policies that they may not fully support. Well-being will be an attractive concept to everyone who has acknowledged the limitations of health care and championed the importance of the wider societal influences on health. And it is possible that initiatives to enhance well-being will be more acceptable and less stigmatizing than action against inequalities in health for people

living in disadvantaged areas.¹⁷ It may also be in line with what people are striving for themselves.¹⁸ As responsibility for some key public health functions is passed to local authorities in England, well-being could be an issue to build bridges between organizational cultures, especially if health has been seen as someone else's business. Improving well-being should help to reduce inequalities in the social determinants of health, as many are shared. Public health advocacy for data to monitor the effects of policy, timely analyses and a continuing focus on equity of health and well-being may hold the key.

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References

- 1 WHO. Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19–22 June 1946, and entered into force on 7 April 1948. <http://www.who.int/about/definition/en/print.html> (1 September 2011, date last accessed).
- 2 Carlisle S, Hanlon P. 'Well-being' as a focus for public health? A critique and defence. *Crit Public Health* 2008;**18**(3):263–70.
- 3 Ryan RM, Deci EL. On happiness and human potentials: a review of research on hedonic and eudaimonic wellbeing. *Annu Rev Psychol* 2001;**52**:141–66.
- 4 HM Treasury. Developments in the economics of wellbeing. Treasury Economic Working Paper No. 4. London: Stationery Office, 2008.

- 5 Office for National Statistics. Measuring national well-being. Measuring what matters. National Statistician's Reflections on the National Debate on Measuring National Well-being. London: Stationery Office, 2011.
- 6 Beaumont J. Measuring national well-being. Discussion Paper on Domains and Measures. London Office for National Statistics, 2011. http://www.ons.gov.uk/ons/dcp171766_240726.pdf (30 September 2011, date last accessed).
- 7 Save the Children UK. The child development index. Holding governments to account for children's wellbeing. UK, London: Save the Children, 2008. www.savethechildren.org.uk/en/docs/child-development-index.pdf (23 May 2011, date last accessed).
- 8 BBC News. UK is accused of failing children. *BBC News*, 2007. <http://news.bbc.co.uk/1/hi/6359363.stm> (1 September 2011, date last accessed).
- 9 UNICEF. An overview of child-wellbeing in rich countries. A comprehensive assessment of the lives and well-being of children and adolescents in the economically advanced nations. Innocenti Report Card 9. UNICEF: Florence, 2007. <http://www.unicef.org/media/files/ChildPovertyReport.pdf> (26 August 2011, date last accessed).
- 10 BBC News. Plans to measure happiness not 'woolly'—Cameron. *BBC News*, 25th November 2010. <http://www.bbc.co.uk/news/uk-11833241> (26 August 2011, date last accessed).
- 11 Pickett K, Wilkinson R. Child wellbeing and income inequality in rich societies: ecological cross sectional study. *BMJ* 2007;**225**(7629):1080–87.
- 12 Adamson P. The children left behind. A league table of inequality in child well-being in the world's richest countries. Innocenti report card 9. Florence: UNICEF, 2010. <http://www.unicef.org.uk/Documents/Publications/rc9.pdf> (26 August 2011, date last accessed).
- 13 Mackenbach JP. New trends in health inequalities research: now it's personal. *Lancet* 2010;**376**(9744):854–5.
- 14 Editorial. 'Claptrap' from the UK's Department of Health. *Lancet* 2010;**376**(9753):1617.
- 15 Whitehead M. Diffusion of ideas on social inequalities in health: a European perspective. *Milbank Q* 1998;**76**:469–92.
- 16 The Audit Commission. Cancellation of place survey, tenants survey and Tellus survey, 2011. <http://www.auditcommission.gov.uk/localgov/audit/nis/nisnews/Pages/Cancellationofplacesurvey.aspx> (1 September 2011, date last accessed).
- 17 Cameron E, Mathers J, Parry J. 'Health and well-being': questioning the use of health concepts in public health policy and practice. *Crit Public Health* 2008;**18**(2):225–32.
- 18 Carlisle S, Henderson G, Hanlon PW. Wellbeing: a collateral casualty of modernity? *Soc Sci Med* 2009;**69**:1556–60.